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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co.			
	ASSIE FENCING LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JOSHUA BLAKE DYER		2022 SEP -2 SECRETARY TALLAHA
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	FRITZ MASSIE FENCIN	G LLC	CO TO
		Firm/Company	
	892 NW 50TH DR		BEE FILL 81 H HS 80
		Address	—— m
	OKEECHOBEE FL 34973	:	
		City/State and Zip Code	
	JOSHDYER@DOUBLEDI	LANDSERVICE.COM	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
JOSHUA B DYER		863 2566113 at ()	
Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 SEP -2 PM 4: 1
SECRETARY OF STA

FRITZ MASSIE FENCING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

011/12/22

filed on $\frac{8/10/2022}{}$ and	assigned
company here:	
mpany," the designation "LLC" or the abbreviation	ı "L.L.C."
ss on our records, <u>enter the name of the</u>	new registered
Enter Florida street address	
Morida	
Zip C	ode
	ess on our records, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSHUA BLAKE DYER	892 NW 50TH DR	■Add
		OKEECHOBEE FL 34972	□Remove
			Change
MGR	DONALD R MASSIE	892 NW 50TH DR	□ Add
		OKEECHOBEE FL 34972	■Remove
			□ Change
	<u> </u>		□Add
			□Remove
			□ Change
			□Add
			Remove SECRETA LATA
			S R Chadd
			Ser P
			□Change
			□Add
			□Remove
			☐ Change

Filing Fee: \$25.00